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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 March 2010 Form must be Typed Form must be Signed All blanks must be Filled

REQUEST FOR CHANGE OF OPERATOR KCC WICHITA TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, Check Applicable Boxes: MUST be submitted with this form. ✓ Oil Lease: No. of Oil Wells __1 Effective Date of Transfer: May 13, 2011 Gas Lease: No. of Gas Wells ___ \P KS Dept of Revenue Lease No.: 109451 Gas Gathering System: Lease Name: Dedrick Saltwater Disposal Well - Permit No.: ____ feet from N / S Line Legal Description of Lease: SE/4, NE/4SW/4 of 26-5S-21W _ feet from 🔲 E / 🔲 W Line Enhanced Recovery Project Permit No.: _ Entire Project: Yes No County: Norton Number of Injection Wells Production Zone(s): Arbuckle Field Name: Ray West Injection Zone(s):_ Side Two Must Be Completed. Surface Pit Permit No .: _ _ feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) feet from E / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling Past Operator's License No. Gifford D. Wilkerson Contact Person: Past Operator's Name & Address: Clipper Energy LLC Phone: 713-655-7370 C/O Kayne Anderson Capital Advisors, LP, 717 Texas Ave, Suite 3100, Houston, TX, 77002 Title: Manager, Board of Managers 34559 Contact Person: Carl V. Rush New Operator's License No. New Operator's Name & Address: WM KS ENERGY RESOURCES, LLC Phone: 713-394-5310 1001 Fannin, Suite 4000 Oil / Gas Purchaser: Coffeyville Resources Refining & Marketing LLC Houston, TX 77002 President Title: Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit. the new operator and may continue to inject fluids as authorized by the new operator of the above named lease containing the surface pit Permit No · . Recommended action: permitted by No.: _ Date: Authorized Signature Authorized Signature DISTRICT . EPR PRODUCTION Mail to: Past Operator New Operator District

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JUN 2 9 2011 Must Be Filed For All Wells

109451 ACC WICHITA

* Lease Name: _ Well No.	Dedrick	* Location: Sec. 26-5S-21W			
	API No. (YR DRLD/PRE '67) 15-137-00544-00-00	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
		2310 Circle FSL/ANL	3630 Circle	oil	prod
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
			FEL/FWL		
		FSL/FNL			

A separate sheet may be attached if necessary

^{*} When transferring a unit which consists of more than one lease please file a separate side two for each lease. If a lease covers more than one section please indicate which section each well is located.

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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1 July 2010 Form Must Be Typed Form must be Signed All blanks must be Filled

KCC WICHITA CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).

Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1	1 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 34559	Well Location:		
Name: WM KS ENERGY RESOURCES, LLC	SW_NW_NE_SW_Sec. 26 Twp. 5 S. R. 21 East X West		
Name: WM KS ENERGY RESOURCES, LLC Address 1: 1001 Fannin, Suite 4000	. County: Norton		
Address 2.	. Dedrick 1		
City: Houston State: TX Zip: 77002 + Contact Person: Carl V. Rush, President	If filing a Form T-1 for multiple wells on a lease, enter the legal description o		
Contact Person: Carl V. Rush, President	the lease below:		
Phone: (713) 394-5310 Fax: ()			
Email Address:			
Surface Owner Information: Name: Viola A. Kemper Rev. Living Trust, et al	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 28688 Road AA	sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.		
Address 2:			
trie KCC with a plat snowing the predicted locations of lease roads, tan	odic Protection Borehole Intent), you must supply the surface owners and k batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be let CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, a	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this		
☐ I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface ow task, I acknowledge that I am being charged a \$30.00 handling	cknowledge that, because I have not provided this information, the vner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.		
f choosing the second option, submit payment of the \$30.00 handling orm and the associated Form C-1, Form CB-1, Form T-1, or Form CP-	fee with this form. If the fee is not received with this form, the KSONA-1 1 will be returned.		
hereby certify that the statements made herein are true and correct to ate: 5/13/11 Signature of Operator or Agent:	the best of my knowledge and belief.		
Signature of Operation of Agent:	Inte: Washington		